

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NORTH CAROLINA
SOUTHERN DIVISION

No. 7:05-MJ-203-1

UNITED STATES OF AMERICA	:	
	:	
v.	:	MOTION TO DISMISS
	:	
KATHRYN COLLINS	:	

NOW COMES, the Defendant, KATHRYN COLLINS, by and through her undersigned Counsel, moving this Court for an order dismissing all of the charges against her on the grounds that the prosecution of said charges violates her rights under the Fifth Amendment of the United States Constitution.

In furtherance of this motion, counsel for the Defendant submits the attached Affidavits, Exhibits, and Memorandum of Law.

Respectfully submitted, this the 10th day of NOVEMBER, 2006.

Anderson & Anderson Attorneys, L.L.P

BY:



A. Griffin Anderson
NC State Bar No. 22982
21 N. Front St., Suite 204
Wilmington, NC 28401
Phone 910.815.0555
Fax 910.763.6600

INCIDENT REPORT

INCIDENT NUMBER

05310 805 01

REPORT TYPE:

INITIAL 2005
ADJ SUPPLEMENTAL

AUTHORITY: 10 U.S.C. 8013; 44 U.S.C. 3103; and EO 9397

PRIVACY ACT STATEMENT

PRINCIPAL PURPOSE: Used to record information and details of criminal activity which may require investigative action by commanding officers, supervisors, security police, NCIS special agents, etc. Used to provide information to the appropriate individuals within DoD organizations who ensure that proper legal and administrative action is taken.

ROUTINE USES: Information may be disclosed to local, county, state and federal law enforcement or investigatory authorities for investigation and possible criminal prosecution or civil court action. Information extracted from this form may be used in other related criminal and/or civil proceedings.

DISCLOSURE IS VOLUNTARY: SSN is used to positively identify the individual making the statement and as a conduit to check past criminal records.

SECTIONS OR BLOCKS THAT DO NOT APPLY TO A REPORTED OFFENSE SHOULD BE LEFT BLANK

SECTION I. ADMINISTRATIVE

DATE REC'D (YYYYMMDD)	TIME REC'D (24 Hour)	INCIDENT RECEIVED:
20050821	0022	<input checked="" type="checkbox"/> In Person <input type="checkbox"/> By Alarm <input type="checkbox"/> By Telephone <input type="checkbox"/> By Crime Stop Call/911 <input type="checkbox"/> By Radio <input type="checkbox"/> Other:

SECTION II. COMPLAINANT (If not Victim/Witness) (Use "Complainant/Witness/Sponsor" Addendum sheet for additional Complainants)

LAST NAME (Include Jr./Sr./II/III/etc.)	FIRST	MIDDLE	SSN/ALIEN REG. #:	GRADE/RANK
BRANCH OF SERVICE:		STATUS:		
<input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> OTHER:		<input type="checkbox"/> REG. (ACTIVE) <input type="checkbox"/> RESERVE <input type="checkbox"/> RETIRED <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> FAM, MEM, <input type="checkbox"/> CIVILIAN EMP. <input type="checkbox"/> CIVILIAN (NO GOV. AFF.) <input type="checkbox"/> OTHER:		
DUTY STATION/EMPLOYER (INCLUDE DEPARTMENT/COMMAND/DIVISION/UNIT, ETC.)			UIC/RUC	WORK TELEPHONE
ADDRESS		CITY	STATE	ZIP CODE

SECTION III. OFFENSE (Use "Offense" Addendum for additional Offenses)

DATE(S) OF INCIDENT (YYYYMMDD)	TIME(S) OF INCIDENT: (24Hour)	OFFENSE STATUS: (Check Only One Per Offense)
From: 20050821 To:	From: 0022 To:	1. <input type="checkbox"/> ATTEMPTED <input checked="" type="checkbox"/> COMPLETED 2. <input type="checkbox"/> ATTEMPTED <input type="checkbox"/> COMPLETED 3. <input type="checkbox"/> ATTEMPTED <input type="checkbox"/> COMPLETED

OFFENSE DATA

No.	STATUTORY BASIS (SEE CODE BELOW)	OFFENSE DESCRIPTION	LOCATION/ADDRESS	ON BOARD MILITARY INSTALLATION (YES/NO)
1.	S	Impaired Driving (0.24 % BAC) (NCGS 20-138.1)	Holcomb Boulevard adjacent Main Gate, Camp Lejeune, NC	Yes
2.	S	Reckless Driving (NCGS 20-140)		Yes
3.	S	Transporting an Open Container of Alcoholic Beverage (NCGS 20-138.7)		Yes
4.	S	Speeding to Elude Arrest (NCGS 20-141.5)		Yes

*STATUTORY BASIS CODES (U) UCMJ(F) FEDERAL (S) STATE(L) LOCAL (X) FOREIGN	WEATHER CONDITIONS:	LIGHTING:
	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Foggy <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Unknown <input type="checkbox"/> Other:	<input type="checkbox"/> Daylight <input type="checkbox"/> Dusk <input type="checkbox"/> Dawn <input type="checkbox"/> Dark (Lighted) <input checked="" type="checkbox"/> Dark (Not Lighted) <input type="checkbox"/> Unknown

OFFENDER USED TYPE WEAPON/FORCE USED (MAX 3) (Enter in box an "A" if fully automatic weapon; "M" if manual; "S" if semi-automatic)

A Alcohol	Firearm (Not Listed)	Knife/Cutting Tool	Poison	Asphyxiation
Drugs/Narcotics	Handgun	Blunt Object	Explosives	Unknown
Computer Equipment	Rifle	M Motor Vehicle	Fire/Incendiary	None
Not applicable	Shotgun	Bodily Force (Hands/Feet)	Narcotic/Drug	Other (Specify)

LOCATION OF OFFENSE (Enter 1, 2, or 3 if multiple offenses occurred at different locations)		<input checked="" type="checkbox"/> U.S. & Possessions <input type="checkbox"/> Outside U.S. & Possessions
Exchange/Dept/Discount Store	Air/Bus/Train Terminal	Rental Storage Facility
School(Elem,High)/College	Training/Service School	Lake/Waterway/Ocean
NCO Club/Officer Club/Bar	Training Area/Field/Woods	Construction Site
Government/Public Building	H Highway/Road/Alley/Sidewalk	Hospital/Clinic
BOQ/BAQ/Lodge/Hotel	Commissary/Grocery Store	Child Care Facility
Package/Liquor Store	Chapel/Church/Synagogue	Specialty Store/Concessionaire
Shoppette/Convenience Store	Commercial/Office Building	Quarters/Barracks/Residence/Berthing
Corrections Facility/Jail/Prison	Recreation Area/Park	Motor Pool/Parking Lot/Garage
		Dinning Facility/Restaurant
		Bank/Credit Union
		Service/Gas Station
		On Board Ship
		On Board Aircraft
		Other (Specify)
		Unknown

TYPE OF CRIMINAL ACTIVITY (If larceny, forgery, pornography, drugs or weapons violation) (MAX 3)

Buying/Receiving	Operating/Promoting/Assisting	Destruction/Vandalism
Cultivating/Manufacturing/Publishing	Possessing/Concealing	Harassment/Stalking
Distributing/Selling	Transporting/Transmitting/Importing	Other (Specify)
Exploiting Children	Using/Consuming	

EXHIBIT 1

SECTION III. OFFENSE (Cont.)

CCN: 053100102805

VEHICLE DESCRIPTION				BURGLARY/B & E ONI		Force <input type="checkbox"/> No Force <input type="checkbox"/> # of Premises Entered <input type="checkbox"/>	
VEH STATUS <input checked="" type="checkbox"/> Suspect <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Target	YEAR 1999	MAKE Toyota	MODEL 4-Runner	METHOD OF ENTRY		CONDITION OF PREMISE	
STYLE <input type="checkbox"/> Sedan (2DR/4DR) <input type="checkbox"/> Motorcycle <input type="checkbox"/> Van <input type="checkbox"/> Pickup <input type="checkbox"/> R/V / Camper <input type="checkbox"/> Boat <input type="checkbox"/> Tractor Trailer <input checked="" type="checkbox"/> Other: SUV				<input type="checkbox"/> Door Knob Twist <input type="checkbox"/> Remain On Premise <input type="checkbox"/> Door Kicked In <input type="checkbox"/> Tunnled <input type="checkbox"/> Door Open/Unlocked <input type="checkbox"/> Screen Cut <input type="checkbox"/> Door Pried <input type="checkbox"/> Screen Pried <input type="checkbox"/> Door Other <input type="checkbox"/> Screen Removed <input type="checkbox"/> Delivery <input type="checkbox"/> Screen Other <input type="checkbox"/> Garage <input type="checkbox"/> Window Broken <input type="checkbox"/> Bodily Force <input type="checkbox"/> Window Cut <input type="checkbox"/> Sliding Door <input type="checkbox"/> Window <input type="checkbox"/> Door Type Other <input type="checkbox"/> Window Pried Open <input type="checkbox"/> Lock Cut/Removed <input type="checkbox"/> Window Removed <input type="checkbox"/> Lock Forced/Broken <input type="checkbox"/> Window Other <input type="checkbox"/> Lock Forced (Hasp) <input type="checkbox"/> Cut Hole in Wall <input type="checkbox"/> Lock Pried <input type="checkbox"/> Unknown <input type="checkbox"/> Lock Other <input type="checkbox"/> Other:		<input type="checkbox"/> Door Knob Twist <input type="checkbox"/> Door Kicked In <input type="checkbox"/> Door en/Unlocked <input type="checkbox"/> Door en/Unlocked <input type="checkbox"/> Door Knob Twist <input type="checkbox"/> Door Knob Twist <input type="checkbox"/> Door Kicked In <input type="checkbox"/> Door Kicked In <input type="checkbox"/> Door en/Unlocked <input type="checkbox"/> Door Knob Twist <input type="checkbox"/> Door en/Unlocked <input type="checkbox"/> Door Kicked In	
COLOR Silver	LICENSE PLATE # SVH 1672	STATE NC		TOOLS USED			
VIN JT3GN86R2X0101656				<input type="checkbox"/> Door Knob Twist <input type="checkbox"/> Door Knob Twist <input type="checkbox"/> Door Kicked In <input type="checkbox"/> Door Kicked In <input type="checkbox"/> Door en/Unlocked <input type="checkbox"/> Door en/Unlocked <input type="checkbox"/> Door Knob Twist <input type="checkbox"/> Door Knob Twist <input type="checkbox"/> Door Kicked In <input type="checkbox"/> Door Kicked In <input type="checkbox"/> Door en/Unlocked <input type="checkbox"/> Door Knob Twist <input type="checkbox"/> Door en/Unlocked <input type="checkbox"/> Door Kicked In			
OWNER NAME Collins, Kathryn Leigh				OTHER IDENTIFYING MARKS			

BIAS MOTIVATION (X) (All Hate/Bias Motivated Offenses Must be Reported to NCIS)

<input type="checkbox"/> None	<input type="checkbox"/> Anti-Alaskan Native	<input type="checkbox"/> Anti-Catholic	<input type="checkbox"/> Anti-Agnostic
<input type="checkbox"/> Anti-White	<input type="checkbox"/> Anti-Asian	<input type="checkbox"/> Anti-Islamic (Moslem)	<input type="checkbox"/> Anti-Homosexual
<input type="checkbox"/> Anti-Black	<input type="checkbox"/> Anti-Pacific Islander	<input type="checkbox"/> Anti-Protestant	<input type="checkbox"/> Anti-Male Homosexual
<input type="checkbox"/> Anti-Arab	<input type="checkbox"/> Anti-Other Ethnicity/Origin	<input type="checkbox"/> Anti-Multi-Religious Group	<input type="checkbox"/> Anti-Female Homosexual
<input type="checkbox"/> Anti-Hispanic	<input type="checkbox"/> Anti-Multi-Racial Group	<input type="checkbox"/> Anti-Other Religion	<input type="checkbox"/> Anti-Heterosexual
<input type="checkbox"/> Anti-American Indian	<input type="checkbox"/> Anti-Jewish	<input type="checkbox"/> Anti-Atheism	<input type="checkbox"/> Anti-Bisexual

SECTION IV. PROPERTY (Use "Property" Addendum Sheet for additional Property)

CODE (a)	TYPE (b)	QTY	DESCRIPTION	MAKE/MODEL	SIZE	SERIAL #	COLOR	VALUE	S/U (c)	OWNER (d)	DISP. (e)	DATE RECOVERED

a. PROPERTY DESCRIPTION CODE

01- Aircraft	12- Farm Equipment	23- Office-Type Equipment	34- Structures - Storage
02- Alcohol	13- Firearms	24- Other Motor Vehicles	35- Structures - Other
03- Automobile	14- Gambling Equipment	25- Purse/Handbag/Wallet	36- Tools - Power/Hand
04- Bicycle	15- Heavy Construction Equipment	26- Radio/TV/VCR	37- Trucks
05- Bus	16- Household Goods	27- Recording - Audio/Visual	38- Vehicle Parts/Accessories
06- Clothes/Furs	17- Jewelry/Precious Metals	28- Recreational Vehicle	39- Watercraft
07- Computer Hard/Software	18- Livestock	29- Structures - Single Occupancy	77- Other (Specify)
08- Consumable Goods	19- Merchandise	30- Structures - Other Dwellings	88- Pending Inventory
09- Credit/Debit Cards	20- Money	31- Structures - Commercial/Business	99- Special Category
10- Drugs/Narcotics	21- Negotiable Instruments	32- Structures - Industrial/Manufacturing	
11- Drug/Narcotic Equipment	22- Nonnegotiable Instruments	33- Structures - Public/Commercial	

b. TYPE PROPERTY LOSS/ETC. CODE			c. S/U CODE	d. OWNERSHIP CODE		e. DISPOSITION OF PROPERTY CODE	
(1) None	(4) Damaged/Destroy	(7) Stolen	(S) Secure	(A) Federal Gov.	(D) County Gov.	(E) Evidence	(R) Returned To Owner
(2) Burned	(5) Recovered	(8) Unknown	(U) Unsecured	(B) State Gov.	(E) Foreign Gov.	(S) Safekeeping	(O) Other (Specify)
(3) Counterfeited/Forged	(6) Seized/Impounded	(9) Lost&Found		(C) City Gov.	(F) Private/Personal		

f. DRUG TYPE			g. TYPE DRUG MEASUREMENT	
(A) "CRACK" Cocaine	(G) Opium	(M) Other Stimulants	WEIGHT	CAPACITY
(B) Cocaine	(H) Other Narcotics	(N) Barbituates	(GM) Gram	(ML) Milliliter
(C) Hashish	(I) LSD	(O) Other Depressants	(KG) Kilogram	(LT) Liter
(D) Heroin	(J) PCP	(P) Other Drugs	(OZ) Ounce	(FO) Fluid Ounce
(E) Marijuana	(K) Other Hallucinogens	(U) Unknown Drug	(LB) Pound	(GL) Gallon
(F) Morphine	(L) Amphetamines	(X) Over 3 Drug Types	UNITS	
			(DU) Dosage Unit (Pills, etc.)	
			(NP) Number of Plants	

SECTION V. VICTIM (Use "Victim Addendum sheet if more than one Victim)				VICTIM #		DD2701 ISSUED		VICTIM RELATED TO OFFENSE #									
								01 02 03 04 05 06 07 08 09 10									
						YES NO		VICTIM RELATED TO SUSPECT #									
								01 02 03 04 05 06 07 08 09 10									
LAST NAME (Include Jr./Sr./III/etc.)			FIRST		MIDDLE		SSN/ALIEN REG. #			GRADE/RANK							
BRANCH OF SERVICE:				STATUS:													
<input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> OTHER:				<input type="checkbox"/> REG. (ACTIVE) <input type="checkbox"/> RESERVE <input type="checkbox"/> RETIRED <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> FAM, MEM, <input type="checkbox"/> CIVILIAN EMP. <input type="checkbox"/> CIVILIAN (NO GOV. AFF.) <input type="checkbox"/> OTHER:													
DUTY STATION/EMPLOYER (INCLUDE DEPARTMENT/COMBAND/DIVISION/UNIT, ETC.)								UIC/RUC		WORK TELEPHONE							
ADDRESS						CITY				STATE		ZIP CODE					
DOB		SEX		RACE		ETHNICITY		RESIDENT STATUS									
		Male		White		Hispanic		Resident									
		Female		Black		Non-Hispanic		Nonresident									
		Unknown		American Indian		Unknown		Unknown									

SWAIN
Kathryn

ARRESTEE ONLY	TYPE OF ARREST		MUL	E CLEARANCE	ARRESTEE WAS ARMED V (X up to Two)			DISPOSITION OF JUVENILE
	<input type="checkbox"/> On-View	<input type="checkbox"/> Multiple <input type="checkbox"/> Count Arrest <input type="checkbox"/> Not Applicable			<input type="checkbox"/> Unarmed	<input type="checkbox"/> Lethal Cutting Instrument	<input type="checkbox"/> Handled within Department <input type="checkbox"/> Referred to other Authority	
	<input type="checkbox"/> Summons/Cited				<input type="checkbox"/> Handgun	<input type="checkbox"/> Club/Blackjack/Brass Knuckles		
	<input type="checkbox"/> Taken into Custody				<input type="checkbox"/> Rifle	<input type="checkbox"/> Other (Specify)		
DATE ARRESTED:		<input type="checkbox"/> Shotgun						

SECTION VIII. ADDITIONAL POLICE OFFICERS (Use Narrative Section, for additional Police Officers) (Other than Reporting Official)

1. LAST Hollis	FIRST William	MI A	2. LAST Guy	FIRST Adam	MI D
GRADE/RANK E-6/SSgt	DUTY STATION/EMPLOYER PMO/Third Platoon	SSN LAST 4 7138	GRADE/RANK E-5/Sgt	DUTY STATION/EMPLOYER PMO/Third Platoon	SSN LAST 4 1577

SECTION IX. NARRATIVE (WHO, WHAT, WHERE, WHY, HOW) (Use "Narrative Addendum sheet if more space is Needed)

At 0022, 21Aug05, while standing as Camp Lejeune Main Gate Sentry, MP Sgt GUY was approached by an unidentified motorist driving a red Chevrolet pick-up truck, that a silver in color, 1999 Toyota 4-Runner, with NC State Registration #SVC 1672, which was stopped behind him in the traffic lane, had been driving erratically and without driving lights on NC Highway 24 and the Camp Lejeune Main Gate Access Road (Holcomb Boulevard.) As the unidentified driver was authorized access to the base, and began pulling forward, the Toyota 4-Runner traveled through the traffic lane without stopping, as if to gain access to the base illegally. The driver of the red pick-up truck observed this and stopped in the traffic lane, allowing MP Sgt GUY to make contact with COLLINS. Upon contact with COLLINS, MP Sgt GUY detected the strong odor of an alcoholic beverage emitting from COLLINS' breath. COLLINS pulled over to the right side of the road, but did not enter the Visitor's Center Parking Lot as requested. MP Sgt GUY requested identification from COLLINS, at which time she produced a North Carolina Driver's License.

At 0023, 21Aug05, MP Sgt GUY requested a patrolman's assistance in performing Field Sobriety Tests on COLLINS. COLLINS then proceeded to exit the right shoulder of the roadway, and began traveling south on Holcomb Boulevard at a high rate of speed and without any driving lights.

At 0025, 21Aug05, MP Cpl CAMPBELL observed COLLINS' vehicle traveling south on Holcomb Boulevard without driving lights. MP Cpl CAMPBELL executed a U-turn, attempting to conduct a traffic stop on COLLINS. COLLINS then executed a U-turn adjacent to Lot 201 and began traveling north on Holcomb Boulevard. COLLINS ignored several attempts by Military Police to conduct a traffic stop. COLLINS then exited the roadway and into the center median of Holcomb Boulevard, traveling north in the grass median at approximately 50 MPH, for approximately 1/2 mile. COLLINS eventually stopped her vehicle approximately 50 feet south of Brewster Blvd in the left turn lane of Holcomb Boulevard.

At 0027, 21Aug05, a traffic stop was conducted and contact was made with COLLINS, who was detained, searched, placed in hand irons, and transported to PMO for processing. COLLINS' vehicle was searched and a clear plastic Ocean Spray brand bottle approximately half full containing an unknown alcoholic beverage was collected.

At 0052, 21Aug05, COLLINS was advised of her Implied Consent Rights by MP Cpl HASSELL.

(Continued on Page 5)

ENCLOSURE(S) (List additional "enclosures in the Narrative Section)

ENCL #	DESCRIPTION (List all attached supporting documents (Statements, Photographs, Sketches, etc.)		
1	Statement of Force (Bailey)	7. DD Form 1408 (N15593101)	13. DD Form 1805 (N219582)
2	Chemical Analysis Rights Advisement (Collins)	8. DD Form 1408 (N15593102)	14. DD Form 629 (Collins)
3	Intoxilizer Printout 1 (Collins)	9. DD Form 1805 (N219578)	15. One Digital Photograph
4	Intoxilizer Printout 2 (Collins)	10. DD Form 1805 (N219579)	
5	Alcoholic Influence Report (Collins)	11. DD Form 1805 (N219580)	
6	24 Hour Vehicle Impound Slip	12. DD Form 1805 (N219581)	

SECTION X. REPORTING/APPROVING OFFICIALS

REPORTING OFFICIAL (NAME, RANK, TITLE & SIGNATURE)	DATE	REPORTING OFFICIAL (NAME, RANK, TITLE & SIGNATURE)	DATE
 Campbell D.R. Cpl/Patrolman	21Aug05	 Hollis, W. A. SSgt/Platoon Sergeant	21Aug05

SECTION XI. ADMINISTRATIVE DISPOSITION (ADMIN USE ONLY)

VICTIM/WITNESS NOTIFICATION: (DD Form 2701 Provided)		INCIDENT STATUS:		CLEARED EXCEPTIONALLY:		DATE CLEARED:	
# VICTIMS NOTIFIED	# WITNESSES NOTIFIED	<input type="checkbox"/> Unfounded <input type="checkbox"/> Cleared by Apprehension <input type="checkbox"/> Cleared Exceptionally		<input type="checkbox"/> (A) Death of offender <input type="checkbox"/> (B) Prosecution Declined <input type="checkbox"/> (C) Extradition Declined		<input type="checkbox"/> (D) Refused to Cooperate <input type="checkbox"/> (E) Juvenile No Custody <input type="checkbox"/> (F) Not Applicable	
REFERRED TO/ASSUMED BY:				DISTRIBUTION:			
<input type="checkbox"/> NCIS Case #: <input type="checkbox"/> INVESTIGATIONS Case #: <input type="checkbox"/> LOCAL POLICE Case #: <input type="checkbox"/> OTHER (Specify)				<input type="checkbox"/> COMMANDING OFFICER <input type="checkbox"/> LEGAL OFFICER/SJA <input type="checkbox"/> FAMILY ADVOCACY <input type="checkbox"/> EQUAL OPPORTUNITY <input type="checkbox"/> MEDICAL/MENTAL HEALTH <input type="checkbox"/> DRUG & ALCOHOL <input type="checkbox"/> OTHER:			

INCIDENT REPORT ADDENDUM -
NARRATIVE SECTION

INCIDENT NUMBER

053100 305

REPORT TYPE:

☒ INITIAL
☐ SUPPLEMENTAL

This form is used with OPNAV 5527/1, "Incident Report" to record additional Narrative information.

At 0113, 21Aug05, COLLINS consented to a chemical analysis of her breath, but failed to give a proper sample, resulting in an invalid test reading.

At 0120, 21Aug05, COLLINS consented to a subsequent chemical analysis of her breath. The first test resulted in a reading of 0.24 %B.A.C. and the second test resulted in a reading of 0.24 %B.A.C. According to North Carolina General Statutes and Base Regulations, COLLINS was charged with Driving While Impaired (0.24 %B.A.C.) An Alcohol Influence Report was completed, and COLLINS vehicle was issued a 24-Hour Impound Notice.

COLLINS was issued DD Form 1408 Traffic Citation #N15593101 for Driving While Impaired and Reckless Driving, and Traffic Citation #N15593102 for Fleeing or Attempting to Elude Military Police and Open Alcoholic Beverage in Vehicle, both with a court date of 22Aug05. A Temporary Letter of Suspension was issued to COLLINS.

COLLINS was issued DD Form 1805 #N219578 for NCGS 20-138.1 (Impaired Driving.)

COLLINS was issued DD Form 1805 #N219579 for NCGS 20-140 (Reckless Driving.)

COLLINS was issued DD Form 1805 #N219580 for NCGS 20-138.7 (Transporting An Open Container of Alcoholic Beverage.)

COLLINS was issued DD Form 1805 #N219581 for NCGS 20-141.5 (Speeding To Elude Arrest.)

COLLINS verbally stated that she was a dependant wife, but her father related to Military Police that she has been divorced for approximately three months, and has no military affiliation.

COLLINS was released to her father, Mr. James H. COLLINS.

At 0335, 21Aug05, MCB CDO Major WELLS was notified.

COLLINS does not have any prior offenses listed in CLEOC.

COLLINS does not have any prior offenses listed in DCI.

Additional Military Police Officers:

3. Hassell, Jesse J. Cpl/PMO/Third Platoon/8394
4. Bailey, Joshua B. LCpl/PMO/Third Platoon/5724
5. Hren, Beth M. PFC/PMO/Third Platoon/1060

STATEMENT OF FORCE/USE OF DETENTION SPACE (1630)

NAVMC 11130-(6-83) U/I: PADS OF 50

SN: 0000-00-006-8900

NOTE: THIS FORM IS TO BE INCLUDED IN SUBJECT'S CASE FILE.

DATE

21Aug05

MP CASE NO.

053100102805

RESTRAINING FORCE WAS NECESSARY IN THE CASE OF:

NAME (Last, first, middle initial)

Collins, Kathryn Leigh

SEX

F

GRADE

Civ

SOCIAL SECURITY NO.

241511370

SUSPECTS COMPLETE MILITARY ADDRESS (Civilian address if civilian)

3133 Brunswick Ave

New Bern, NC 28562

APPREHENDED/TAKEN INTO CUSTODY AT (Time, date, location)

0027, 21Aug05/Holcomb Blvd., 50 feet south of Brewster Blvd., Camp Lejeune, NC

APPREHENDING MILITARY POLICEMAN (Name, grade, Social Security No.)

MP LCpl Bailey, J.B./ LCpl/ 257435724

FORCE USED Check if applicable		REASON FOR USING FORCE/HOW APPLIED
HAND IRONS	X	As a result of COLLINS attempting to elude Military Police, and being highly intoxicated, and Driving Recklessly, COLLINS was placed in hand irons, right wrist first, followed by left wrist, checked for fit and double locked. COLLINS was then searched and placed into the rear seat of the police vehicle and transported to PMO for processing. The hand irons were removed upon arrival at PMO. Time on: 0027, 21Aug05 Time off: 0043, 21Aug05
LEG IRONS		
PHYSICAL		
CHEMICAL		
BATON		
STRAIGHT JACKET		
DETENTION SPACE*		
OTHER (Explain)		

MEDICAL/CHEMICAL TREATMENT PROVIDED

FIRST AID ADMINISTERED BY (Name, grade, Social Security No. of person providing initial treatment)

N/A

NAME AND LOCATION OF MEDICAL FACILITY AND TYPE OF TREATMENT ADMINISTERED

N/A

NAME OF MEDICAL ATTENDANT (Name, grade, Social Security No.)

N/A

SIGNATURE OF MEDICAL ATTENDANT

N/A

RECORD OF DETENTION

SUSPECTS NAME (Last, first, middle initial)

N/A

DATE/TIME PLACED INTO DETENTION SPACE

N/A

DATE/TIME RELEASED FROM DETENTION SPACE

N/A

REASON FOR PLACING INTO DETENTION SPACE

N/A

NAME OF SUPERVISOR AUTHORIZING DETENTION (Name, grade, Social Security No.)

N/A

SIGNATURE

INSPECTION RECORD

DATE	TIME	CONDUCT	SIGNATURE OF GUARD	REMARKS
------	------	---------	--------------------	---------

NOT USED

RIGHTS OF PERSON REQUESTED TO SUBMIT A CHEMICAL ANALYSIS TO
DETERMINE ALCOHOL CONCENTRATION UNDER BO P5560.2

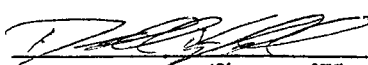
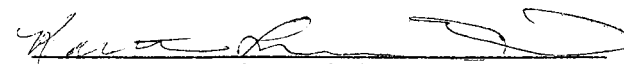
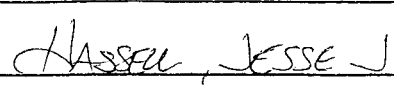
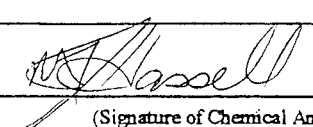
IN RE: COLLINS, KATHRYN L. D/W /241 51 1367 /USMC
(DRIVER'S NAME AND HOME ADDRESS)

PLACE OF CHARGE: BLDG 3, FMO, CAMLEJ

DATE/TIME OF CHARGE: _____
OBSERVATION TIME STARTED: 0052 /21 AUG 05

You have been charged with operating a vehicle or mechanical transportation aboard Marine Corps Base, Camp Lejeune, NC., while committing an implied consent offense. In my presence the charging officer will request you to submit to a chemical analysis to determine the alcohol concentration of your body. It is required that you be informed both orally and given a notice in writing of your rights, which are as follows:

1. You have the right to refuse to be tested. Do you understand this? Yes ☒ No ☐
 2. Refusal to take any test or tests will result in an immediate revocation of your driving privilege until your appearance before the Base Traffic Court Officer and an additional 12 month revocation by the Base Traffic Court Officer. Yes ☒ No ☐
 3. If you refuse to submit to any required test your refusal will be reported to the North Carolina Department of Motor Vehicles, and to the States in which your license is issued. This action may result in revocation of your States driver's license. Yes ☒ No ☐
 4. The test results, or the fact of your refusal, will be admissible in evidence at trial on the offense charged. Yes ☒ No ☐
 5. If any test reveals an alcohol concentration of 0.08% BAC or more, your driving privileges may be temporarily suspended prior to your appearance before the Base Traffic Court Officer, or in the case of civilians the Federal Magistrate. Yes ☒ No ☐
 6. You may have a qualified person of your own choosing administer a chemical test or tests in addition to any test administered at the direction of the charging MP. Yes ☒ No ☐
 7. You have the right to call an attorney and select a witness to view the testing procedures, but the testing will not be delayed for these purpose longer than 30 minutes from the time you are notified of your rights. Yes ☒ No ☐
Time: 0104
- Do you wish to call anyone? Yes ☐ No ☒
- Did the driver make any calls? Yes ☐ No ☒

 (Signature of Witness)	 (Signature of Driver)
Tested <input checked="" type="checkbox"/> Breath <input checked="" type="checkbox"/> Time: <u>0121</u> Blood <input checked="" type="checkbox"/> Time: <u>0122</u>	Date: <u>21 AUG 05</u> Results: <u>0.24</u> %BAC Date: <u>21 AUG 05</u> Results: <u>0.24</u> %BAC Date: _____ Results: <u>0.</u> %BAC
Refused Test <input type="checkbox"/> Time: _____	Date: _____
 (Printed Name of Chemical Analyst)	 (Signature of Chemical Analyst)

ALCOHOLIC INFLUENCE REPORT

INSTALLATION CAMP LEJEUNE, NC		VIOLATION REPORT NO. 053100102805		ACCIDENT REPORT NO. N/A	
DATE, TIME AND LOCATION OF ACCIDENT OR INCIDENT 21 AUG 05 / 0022		DATE AND TIME IN CUSTODY 0027 / 21 AUG 05		APPREHENDING OFFICER CPL CAMPBELL	
NAME OF SUBJECT COLLINS, KATHLEEN L.		GRADE/CATEGORY CIV		SSN	
UNIT OF ASSIGNMENT/ADDRESS 3133 BRUNSWICK AVE, NEW BERN, NC				<input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> PEDESTRIAN	
AGE 25	SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	APPROX WEIGHT 160	OPERATOR'S LICENSE NO. 234 11 814		STATE NC

Check all applicable boxes describing conditions observed, i.e., more than one box may be checked to describe conditions observed.

SECTION I - OBSERVATIONS

MADE BY (Name, grade, SSN & organization) CAMPBELL, DARRELL R. CPL		WITNESSED BY (Name, grade, SSN & organization) HASSELL, JESSE, CPL	
558 TS TBS8 / PMD OPS 3RD PLATOON		/ PMD OPS 3RD PLT	
CLOTHES (Describe type & color)	HAT OR CAP NONE		
	JACKET OR COAT NONE		
	SHIRT OR DRESS BURGUNDY FLORAL PATTERN WITH SHOULDER STRAPS		
	PANTS OR SKIRT BLUE JEANS		
	CONDITION <input type="checkbox"/> Disorderly <input type="checkbox"/> Disarranged <input type="checkbox"/> Soiled <input type="checkbox"/> Mussed <input checked="" type="checkbox"/> Orderly		
DESCRIBE			
BREATH	ODOR OF ALCOHOLIC BEVERAGE <input type="checkbox"/> Strong <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Faint <input type="checkbox"/> None		
ATTITUDE	<input type="checkbox"/> Excited <input type="checkbox"/> Hilarious <input checked="" type="checkbox"/> Talkative <input checked="" type="checkbox"/> Carefree <input type="checkbox"/> Sleepy <input type="checkbox"/> Profanity <input type="checkbox"/> Combative <input type="checkbox"/> Indifferent <input type="checkbox"/> Insulting <input type="checkbox"/> Cocky <input type="checkbox"/> Cooperative <input checked="" type="checkbox"/> Polite		
UNUSUAL ACTIONS	<input type="checkbox"/> Hiccoughing <input type="checkbox"/> Belching <input type="checkbox"/> Vomiting <input type="checkbox"/> Fighting <input type="checkbox"/> Crying <input checked="" type="checkbox"/> Laughing		
SPEECH	<input type="checkbox"/> Not understandable <input type="checkbox"/> Mumbled <input type="checkbox"/> Slurred <input type="checkbox"/> Mush mouthed <input type="checkbox"/> Confused <input type="checkbox"/> Thick tongued <input type="checkbox"/> Stuttered <input type="checkbox"/> Accent <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Good		

SPONTANEOUS ACTS (Statements, walking, turning, etc)

INDICATE BRIEFLY WHAT FIRST LED YOU TO SUSPECT ALCOHOLIC INFLUENCE

ODOR OF ALCOHOL DETECTED
- AIRMAN GATE

SIGNS OR COMPLAINT OF ILLNESS OR INJURY

NONE

SECTION II - PERFORMANCE TESTS (Warning of rights in accordance with separate departmental policy is required for military personnel)

ADMINISTERED BY (Name, grade, SSN & organization)		DATE & TIME TESTS PERFORMED	
BALANCE	<input type="checkbox"/> Falling <input type="checkbox"/> Needed support <input type="checkbox"/> Wobbling <input type="checkbox"/> Swaying <input type="checkbox"/> Unsure <input type="checkbox"/> Sure		
WALKING	<input type="checkbox"/> Falling <input type="checkbox"/> Staggering <input type="checkbox"/> Stumbling <input type="checkbox"/> Swaying <input type="checkbox"/> Unsure <input type="checkbox"/> Sure		
TURNING	<input type="checkbox"/> Falling <input type="checkbox"/> Staggering <input type="checkbox"/> Hesitant <input type="checkbox"/> Swaying <input type="checkbox"/> Unsure <input type="checkbox"/> Sure		
FINGER TO NOSE	RIGHT <input type="checkbox"/> Completely missed <input type="checkbox"/> Hesitant <input type="checkbox"/> Sure	LEFT <input type="checkbox"/> Completely missed <input type="checkbox"/> Hesitant <input type="checkbox"/> Sure	
COINS	<input type="checkbox"/> Unable <input type="checkbox"/> Fumbling <input type="checkbox"/> Slow <input type="checkbox"/> Sure <input type="checkbox"/> Other	BALANCE DURING COIN TEST	
ABILITY TO UNDERSTAND INSTRUCTIONS <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good		EFFECTS OF ALCOHOL <input type="checkbox"/> Extreme <input type="checkbox"/> Obvious <input type="checkbox"/> Slight <input type="checkbox"/> None	
REMARKS		ABILITY TO DRIVE <input type="checkbox"/> Unfit <input type="checkbox"/> Fit	

SECTION III - INTERVIEW (W)

g of rights in accordance with separate department

licy is required for all personnel)

Were you operating a vehicle? _____ Where were you going? _____
What street or highway were you on? _____ Direction of travel? _____
Where did you start from? _____ What time did you start? _____ What time is it now? _____
What city (county) are you in now? _____ What is the date? _____ What day of the week is it? _____

INTERVIEWER TO FILL IN ACTUAL	TIME	DAY	DATE	INTERVIEWER'S NAME
----------------------------------	------	-----	------	--------------------

When did you last eat? _____ What did you eat? _____
What were you doing during the last three hours? _____
Have you been drinking? _____ What? _____ How much? _____ Where? _____
Time started? _____ Time stopped? _____ Are you under the influence of an alcoholic beverage now? _____
What is your occupation? _____ When did you last work? _____
Do you have any physical defects? _____ If so, what's wrong? _____
Do you limp? _____ Have you been injured lately? _____ If so, what's wrong? _____
Are you ill? _____ If so, what's wrong? _____
Did you get a bump on the head? _____ Were you involved in an accident today? _____ Have you had any alcoholic beverage since the accident? _____
If so, what? _____ Where? _____ How much? _____ When? _____
Have you seen a doctor or dentist lately? _____ If so, who? _____ When? _____
What for? _____ Are you taking tranquilizers, pills or medicines of any kind? _____
If so, what kind? (Get sample) _____ Last dose? _____ Do you have epilepsy? _____ Diabetes? _____
Do you take insulin? _____ If so, last dose? _____ Have you had any injections of any other drugs recently? _____
If so, what for? _____ What kind of drug? _____ Last dose? _____
When did you last sleep? _____ How much sleep did you have? _____ Are you wearing false teeth? _____ Glass eye? _____

HANDWRITING SPECIMEN (Signature
and/or anything he chooses)

SECTION IV - CHEMICAL TEST DATA

TYPE OF SPECIMEN	TIME, DATE AND LOCATION OF TEST
<input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath <input type="checkbox"/> Saliva <input type="checkbox"/> Urine <input type="checkbox"/> Other	0113/21 AUG 85 / PMD RLDG 3
ADMINISTERED BY (Name, grade, SSN & organization)	TEST RESULT
HASSELL JESSE, CPL, 353 04 8394, PMD OPS 3RD PLT	0.24 BAC
IF TEST REFUSED, OR UNABLE TO BE ADMINISTERED, STATE REASON	

SECTION V - VIDEO TAPE, MOTION PICTURE, VOICE RECORDINGS

TYPE COVERAGE	SCOPE OF COVERAGE
<input type="checkbox"/> Video tape <input type="checkbox"/> Motion picture <input type="checkbox"/> Voice	<input type="checkbox"/> Observation <input type="checkbox"/> Performance test <input type="checkbox"/> Interview

TAKEN BY (Name, grade, SSN & organization)

REFERENCE CODE

SECTION VI - SUPPLEMENTARY DATA

	NAME	ADDRESS	TELEPHONE NO.	CONDITION
WITNESSES				
PASSENGERS IN SUSPECT'S VEHICLE				

DC1 ↑

ARMED FORCES TRAFFIC TICKET		<input type="checkbox"/> WARNING (See Remarks below)	
The person named below committed traffic violation set forth at the time and location, and on date shown, and was issued this traffic ticket.			
1. NAME (Last, First, Middle Initial)	COLLINS, KATHLEEN L.		
2. RANK/GRADE	CIV		
3. DATE OF BIRTH	20 NOV 79		
4. SOCIAL SECURITY NO.	2-11 91 1370		
5. ORGANIZATION OR ADDRESS	3133 BRUNSWICK AVE NEW RIVER, NC		
6. DRIVER LICENSE NUMBER	234 11 814		
7. ISSUING AUTHORITY (State or Military)	NC		
8. NAME OF TYPE OF VEHICLE	SUV		
9. DATE (Day-month-year)	21 AUG 03		
10. INSTL TAG NO.	NONE		
11. LOCATION	WOLFGANG BLVD		
12. TIME	0822		
13. SPEED OVER (limit mph in 2 mph zone)	5-10 MPH		
14. VIOLATION	IMPROPER LEFT TURN		
15. OTHER VIOLATIONS (Describe)	NONE		
16. NAME OF PERSON ISSUING TRAFFIC TICKET	CANNON, DARRYL		
17. ORGANIZATION AND INSTALLATION	RMB 1005 320 PCT		
18. RANK/GRADE	E4		
19. FORM 1400, DEC 07	Previous edition is obsolete		

REPORT TO BLOC 60 AT 0730 ON 22 AUG 03

DC1 ↑

ARMED FORCES TRAFFIC TICKET		<input type="checkbox"/> WARNING (See Remarks below)	
The person named below committed traffic violation set forth at the time and location, and on date shown, and was issued this traffic ticket.			
1. NAME (Last, First, Middle Initial)	COLLINS, KATHLEEN L.		
2. RANK/GRADE	CIV		
3. DATE OF BIRTH	20 NOV 79		
4. SOCIAL SECURITY NO.	2-11 91 1370		
5. ORGANIZATION OR ADDRESS	3133 BRUNSWICK AVE NEW RIVER, NC		
6. DRIVER LICENSE NUMBER	234 11 814		
7. ISSUING AUTHORITY (State or Military)	NC		
8. NAME OF TYPE OF VEHICLE	SUV		
9. DATE (Day-month-year)	21 AUG 03		
10. INSTL TAG NO.	NONE		
11. LOCATION	WOLFGANG BLVD		
12. TIME	0822		
13. SPEED OVER (limit mph in 2 mph zone)	5-10 MPH		
14. VIOLATION	IMPROPER LEFT TURN		
15. OTHER VIOLATIONS (Describe)	NONE		
16. NAME OF PERSON ISSUING TRAFFIC TICKET	CANNON, DARRYL		
17. ORGANIZATION AND INSTALLATION	RMB 1005 320 PCT		
18. RANK/GRADE	E4		
19. FORM 1400, DEC 07	Previous edition is obsolete		

Loc. Code EC-13	United States District Court Violation Notice	
Violation No. N 219579	Print Officer Name CAMPBELL, DARRELL	Officer No. 4088
YOU ARE CHARGED WITH THE FOLLOWING VIOLATION		
Date and Time of Offense 21 AUG 85 0022Z	Offense Charged NCCS 20-140	
Place of Offense PIELCAMP BLVD, CAMP LEJEUNE, NC		
Offense Description RECKLESS DRIVING		

Defendant's Last Name COLLINS	First Name KATHLEEN	M.I. L
Street Address 3133 BRUNSWICK AVE		
City NEW BERN	State NC	Zip Code 28562
Date of Birth 20 NOV 79		
Driver's License No. 23411814	D.L. State NC	Social Security No. 241 51 1370
VEHICLE DESCRIPTION		
Vehicle Tag No. SVH 1672	Vehicle Tag State NC	Year 1999
Vehicle Make TOYOTA	Vehicle Model 4DR	Vehicle Color SILVER
<input checked="" type="checkbox"/> YOU MUST APPEAR IN COURT. SEE INSTRUCTIONS. <input type="checkbox"/> YOU MUST MARK ONE OF THE TWO CHOICES BELOW AND MAIL THIS FORM WITHIN 21 DAYS. SEE INSTRUCTIONS. I wish to terminate this matter by paying the collateral shown below, enclosed. I plead not guilty and promise to appear as required.		

YOUR COURT DATE	
Court Address ALTON B. LENNON FEDERAL BLDG 2 PEINLE STREET WILMINGTON, NC	Date Time
Collateral (fine)	For payment by credit card, SEE INSTRUCTIONS.
1302 20 42:14 1885, SEP 1998 (Accrueable upon issuance to the offender and until passed to the Appropriate Central Violations Bureau (Magistrate Court).)	
Original - CVB Copy	Previous edition is obsolete.

United States District Court
Violation Notice

Loc. Code EC-13	United States District Court Violation Notice	
Violation No. N 219578	Print Officer Name CAMPBELL, DARRELL	Officer No. 4088
YOU ARE CHARGED WITH THE FOLLOWING VIOLATION		
Date and Time of Offense 21 AUG 85 0022Z	Offense Charged NCCS 20-138.1	
Place of Offense PIELCAMP BLVD, CAMP LEJEUNE, NC		
Offense Description IMPAIRED DRIVING		

Defendant's Last Name COLLINS	First Name KATHLEEN	M.I. L
Street Address 3133 BRUNSWICK AVE		
City NEW BERN	State NC	Zip Code 28562
Date of Birth 20 NOV 79		
Driver's License No. 23411814	D.L. State NC	Social Security No. 241 51 1370
VEHICLE DESCRIPTION		
Vehicle Tag No. SVH 1672	Vehicle Tag State NC	Year 1999
Vehicle Make TOYOTA	Vehicle Model 4DR	Vehicle Color SILVER
<input checked="" type="checkbox"/> YOU MUST APPEAR IN COURT. SEE INSTRUCTIONS. <input type="checkbox"/> YOU MUST MARK ONE OF THE TWO CHOICES BELOW AND MAIL THIS FORM WITHIN 21 DAYS. SEE INSTRUCTIONS. I wish to terminate this matter by paying the collateral shown below, enclosed. I plead not guilty and promise to appear as required.		

YOUR COURT DATE	
Court Address ALTON B. LENNON FEDERAL BLDG 2 PEINLE STREET WILMINGTON, NC	Date Time
Collateral (fine)	For payment by credit card, SEE INSTRUCTIONS.
1302 20 42:14 1885, SEP 1998 (Accrueable upon issuance to the offender and until passed to the Appropriate Central Violations Bureau (Magistrate Court).)	
Original - CVB Copy	Previous edition is obsolete.

053100102805

Loc. Code
EC-13

United States District Court
Violation Notice

Violation No. **N 219581**
Print Officer Name **CAMPBELL, DARRELL**
Officer No. **4088**

YOU ARE CHARGED WITH THE FOLLOWING VIOLATION
Date and Time of Offense **21 AUG 85 0022** Offense Charged **NCGS 20-141.5**
Place of Offense **HILLCAMP BLVD, CAMP LEVEAUE ALA**
Offense Description **SPEEDING TO ELUDE ARREST**

Defendant's Last Name **COLLINS** First Name **KATHLEEN** M.I. **L**
Street Address **5133 BRUNSWICK AVE**
City **NEW BERN** State **NC** Zip Code **28562** Date of Birth **28 NOV 79**
Driver's License No. **23411814** D.L. State **NC** Social Security No. **241 51 1370**

VEHICLE DESCRIPTION
Vehicle Tag No. **SVH 167A** Vehicle Tag State **NC** Year **1999** Vehicle Make **TOYOTA** Vehicle Color **SILVER**
A ☒ YOU MUST APPEAR IN COURT. SEE INSTRUCTIONS.
B ☐ YOU MUST MARK ONE OF THE TWO CHOICES BELOW AND MAIL THIS FORM WITHIN 21 DAYS. SEE INSTRUCTIONS.
I wish to terminate this matter by paying the collateral shown below, enclosed.
I plead not guilty and promise to appear as required.

Court Address **ALTON B. LENNON FEDERAL BLDG**
2 PRINCE STREET
WILMINGTON, NC
Collateral (fine) _____
YOUR COURT DATE _____
Date _____ Time _____
For payment by credit card, SEE INSTRUCTIONS.

FD-902 (Rev. 12-25, SEP 1993)
Original - CVB Copy
Previous citation is obsolete.
(Accountable upon issuance to the offender and until passed to the Appropriate Central Violations Bureau (Magistrate Court).)
Thompson

Loc. Code
EC-13

United States District Court
Violation Notice

Violation No. **N 219580**
Print Officer Name **CAMPBELL, DARRELL**
Officer No. **4088**

YOU ARE CHARGED WITH THE FOLLOWING VIOLATION
Date and Time of Offense **21 AUG 85** Offense Charged **NCGS 20-138.7**
Place of Offense **HILLCAMP BLVD, CAMP LEVEAUE, NC**
Offense Description **TRANSFERRING AN OPEN CONTAINER OF ALCOHOLIC BEVERAGE**

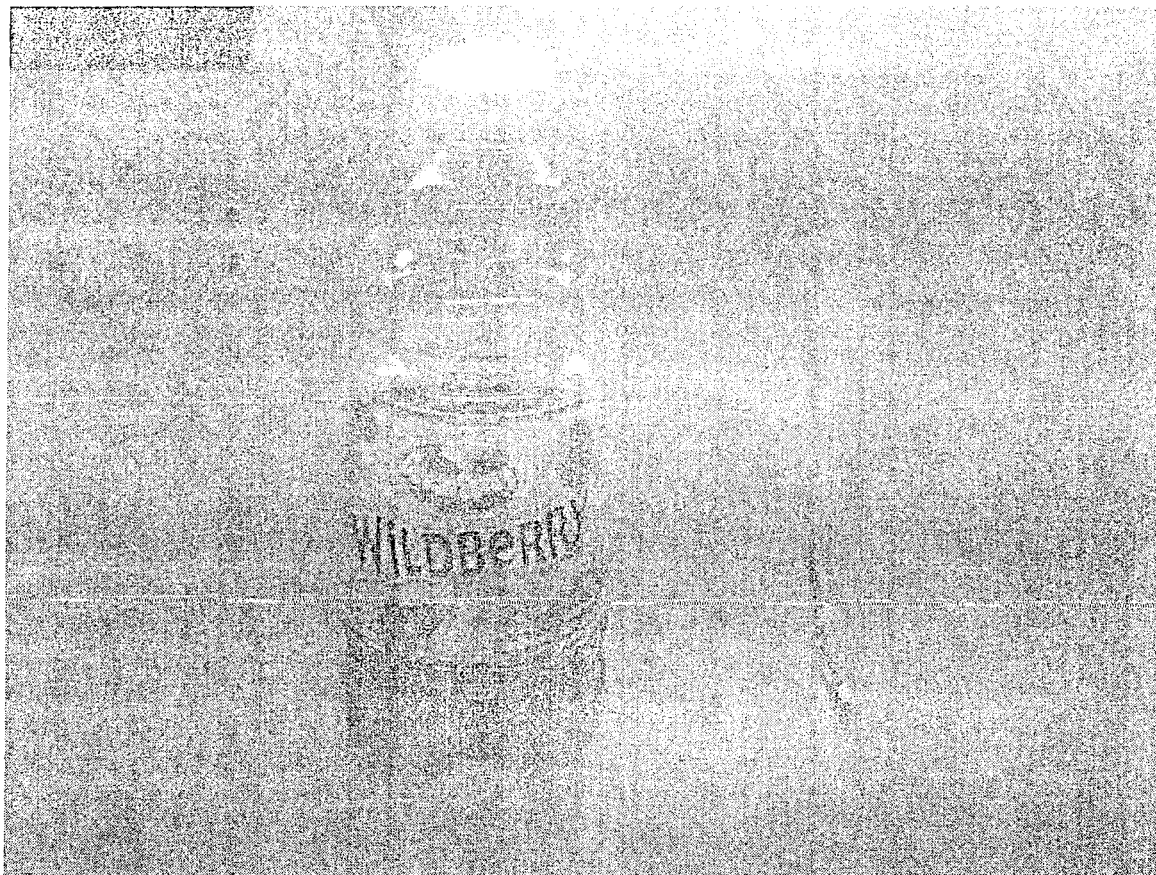
Defendant's Last Name **COLLINS** First Name **KATHLEEN** M.I. **L**
Street Address **5133 BRUNSWICK AVE**
City **NEW BERN** State **NC** Zip Code **28562** Date of Birth **28 NOV 79**
Driver's License No. **23411814** D.L. State **NC** Social Security No. **241 51 1370**

VEHICLE DESCRIPTION
Vehicle Tag No. **SVH 167A** Vehicle Tag State **NC** Year **1999** Vehicle Make **TOYOTA** Vehicle Color **SILVER**
A ☒ YOU MUST APPEAR IN COURT. SEE INSTRUCTIONS.
B ☐ YOU MUST MARK ONE OF THE TWO CHOICES BELOW AND MAIL THIS FORM WITHIN 21 DAYS. SEE INSTRUCTIONS.
I wish to terminate this matter by paying the collateral shown below, enclosed.
I plead not guilty and promise to appear as required.

Court Address **ALTON B. LENNON FEDERAL BLDG**
2 PRINCE STREET
WILMINGTON, NC
Collateral (fine) _____
YOUR COURT DATE _____
Date _____ Time _____
For payment by credit card, SEE INSTRUCTIONS.

FD-902 (Rev. 12-25, SEP 1993)
Original - CVB Copy
Previous citation is obsolete.
(Accountable upon issuance to the offender and until passed to the Appropriate Central Violations Bureau (Magistrate Court).)
Thompson

CRIME SCENE PHOTOGRAPHS



Open container with an alcoholic beverage found in Collin's Vehicle.

CCN:053100102805

-PHOTO: 1 OF 1 -

24 HOUR

DATE 21 AUG 05

Location of Vehicle

HOLCOMBS BLVD AND BREWSTER ST.

Time	0130	Base Tag No.	NWE	State	SVH 11.72 / NC	Make of Vehicle	TD-40TA
Year	1999	Model	H-RUNNER	Color	SILVER	Vehicle Ident. No.	JT36N8622XB1016

Name of Owner (if known)

COLLINS, KATHERIN

Organization (if known)

N/A

You are directed to remove your vehicle from the limits of Camp Lejeune (which includes Midway Park, Tarawa Terrace, Knox Trailer Park, and Camp Geiger Prior to : 0130, 21 AUG 05

Date

For the following reasons:

- ☒ No Base Registration
- ☐ Blocking Traffic
- ☐ Expired Temporary Registration
- ☐ Traffic Hazard
- ☐ Remarks
- ☐ No State Registration
- ☐ Expired State Registration
- ☐ Abandoned
- ☒ Other OLD-DRAWING WHEEL

IMPAIRED BALD.24

Failure to comply as directed will result in your vehicle being towed off Base at your expense
OWNER NOTIFIED (time/date)

Signature of MP/PLT/SECTION

0130 / 21 AUG 05

[Signature] / SEP / 05

CITATION NO=A3003000-0
DOB NAME=COLLINS, KATHRYN L
DOB DOB =11/20/1979 SEX =FEMALE
DRIV LIC=NO-13411814
OFF NAME=CAMPBELL, CPL
TYPE OF AGENCY=MP
AGENCY=CAMP LEJEUNE
OFF NAME=HASSILL, CPL
PERMIT NUMBER=19405D CODE=NA

TEST	AC	TIME
AIR BLANK	.00	01:13 AM
CALCHK #819 OF 125	.07	01:13 AM
AIR BLANK	.00	01:13 AM
INVALID SAMPLE	.XXX	01:14 AM
AIR BLANK	.00	01:14 AM

RIGHTS OF PERSON REQUESTED TO SUBMIT TO A
CHEMICAL ANALYSIS TO DETERMINE ALCOHOL
CONCENTRATION UNDER G.S. 20-16.2 (a)

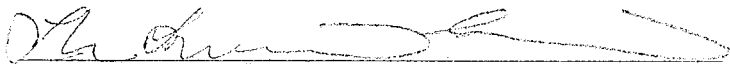
You have been charged with operating a vehicle upon a highway or public vehicular area while committing an implied consent offense. You will be requested to submit to a chemical analysis to determine your alcohol concentration. It is first required that you be informed both orally and given a notice in writing of your rights, which are as follows:

1. You have a right to refuse to be tested.
2. Refusal to take any required test or tests will result in an immediate revocation of your driving privilege for at least 30 days and an additional 12-month revocation by the Division of Motor Vehicles.
3. The test results, or the facts of your refusal, will be admissible in evidence at trial on the offense charged.
4. Your driving privilege will be revoked immediately for at least 30 days if:
 - a. The test reveals an alcohol concentration of 0.08 or more; or
 - b. You were driving a commercial motor vehicle and the test reveals an alcohol concentration of 0.04 or more; or
 - c. You are under 21 years of age and the test reveals any alcohol concentration.
5. You may have a qualified person of your own choosing administer a chemical test or tests in addition to any test administered at the direction of the charging officer.
6. You have the right to call an attorney and select a witness to view for you the testing procedures, but the testing may not be delayed for these purposes longer than 30 minutes from the time you are notified of your rights.

Time 0052 ☒ a.m. ☐ p.m. Date 21 AUG 05

Did defendant call an attorney and/or witness? ☒ No ☐ Yes Time _____ ☐ a.m. ☐ p.m.

Signature of Chemical Analyst



Signature of Person Charged

DHHS 3908 (05/01)

DISTRIBUTION OF COPIES:
1ST - COURT/AFFIDAVIT COPY
2ND - IF REFUSAL - DMV COPY

3RD - DEFENDANT'S COPY
4TH - ANALYST/OFFICER'S COPY

063100102806

RECEIPT FOR PRISONER OR DETAINED PERSON			
RECEIVED FROM (Unit or Agency and Station)	TIME	DATE	
PROVOST MARSHAL'S OFFICE	0631	21 MAR 58	
LAST NAME - FIRST NAME - MIDDLE INITIAL	SERVICE NUMBER AND SSN	GRADE	
COLLINS, KATHRYN L	241 51 1370	CIV	
ORGANIZATION	STATION		
NIA	NIA		
OFFENSE	018 - FLEEING OR ATTEMPTING TO ELUDE MILITARY POLICE		
011 - RECKLESS DRIVING	029 - DRIVER ALCOHOLIC BEVERAGE CONTAINER IN VEHICLE		
PERSONAL PROPERTY			
DETAINED ON PERSON			
REMARKS			
CALM AND COOPERATIVE			
NAME AND TITLE OF PERSON RECEIVING ABOVE INDIVIDUAL	SERVICE NUMBER AND SSN	GRADE	
COLLINS, JAMES H.	238 70 7312	CIV	
RECEIVING UNIT OR AGENCY AND STATION	SIGNATURE		
	<i>[Signature]</i>		

DD FORM 629, MAR 58

S/N 0102-LF-000-5290

DD FORM 629, MAR 58

CAMP LEJEUNE PMO
ANTOXILY - ALCOHOL ANALYZER
NC MODEL 100 SN 68-012
08/21/2005 COUNTY

CITATION NO=X0000000-0
SUB NAME=COLLINS, KATHRYN, L
SUB DOB =11/20/1979 SEX =FEMALE
DRIV LIC=NC-23411814
OFF NAME=CAMPBELL, CPL,
TYPE OF AGENCY=MP
AGENCY=CAMP LEJEUNE
ANA NAME=HASSELL, CPL,
PERMIT NUMBER=19406D CODE=NA

TEST	AC	TIME
AIR BLANK	.00	01:13 AM
CALCHK #018 OF 125	.07	01:13 AM
AIR BLANK	.00	01:13 AM
INVALID SAMPLE	.XXX	01:14 AM
AIR BLANK	.00	01:14 AM

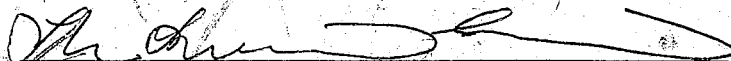
**RIGHTS OF PERSON REQUESTED TO SUBMIT TO A
CHEMICAL ANALYSIS TO DETERMINE ALCOHOL
CONCENTRATION UNDER G.S. 20-16.2 (a)**

You have been charged with operating a vehicle upon a highway or public vehicular area while committing an implied consent offense. You will be requested to submit to a chemical analysis to determine your alcohol concentration. It is first required that you be informed both orally and given a notice in writing of your rights, which are as follows:

1. You have a right to refuse to be tested.
2. Refusal to take any required test or tests will result in an immediate revocation of your driving privilege for at least 30 days and an additional 12-month revocation by the Division of Motor Vehicles.
3. The test results, or the facts of your refusal, will be admissible in evidence at trial on the offense charged.
4. Your driving privilege will be revoked immediately for at least 30 days if:
 - a. The test reveals an alcohol concentration of 0.08 or more; or
 - b. You were driving a commercial motor vehicle and the test reveals an alcohol concentration of 0.04 or more; or
 - c. You are under 21 years of age and the test reveals any alcohol concentration.
5. You may have a qualified person of your own choosing administer a chemical test or tests in addition to any test administered at the direction of the charging officer.
6. You have the right to call an attorney and select a witness to view for you the testing procedures, but the testing may not be delayed for these purposes longer than 30 minutes from the time you are notified of your rights.

Time 0052 ☒ a.m. ☐ p.m. Date 21 AUG 05
Did defendant call an attorney and/or witness? ☒ No ☐ Yes Time ☐ a.m. ☐ p.m.

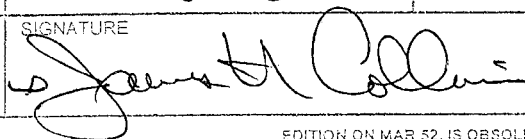
Signature of Chemical Analyst


Signature of Person Charged

DHHS 3908 (08/01)

DISTRIBUTION OF COPIES:
1ST - COURT/AFFIDAVIT COPY
2ND - IF REFUSAL - DMV COPY

3RD - DEFENDANT'S COPY
4TH - ANALYST/OFFICER'S COPY

RECEIVED FROM (Unit or Agency and Station)			TIME	DATE
PROVOST MARSHAL'S OFFICE			0631 0255	21 AUG 55
LAST NAME - FIRST NAME - MIDDLE INITIAL		SERVICE NUMBER AND SSN		GRADE
COLLINS, KATHRYN L		241 91 1370		CIV
ORGANIZATION		STATION		
N/A		N/A		
OFFENSE				
010 - DRIVING WHILE IMPAIRED 0.24 BAL / 018 - FLEEING OR ATTEMPTING TO ELUDE MILITARY POLICE				
011 - RECKLESS DRIVING / 029 - OPEN ALCOHOLIC BEVERAGE CONTAINER IN VEHICLE				
PERSONAL PROPERTY				
RETAINED ON PERSON				
REMARKS				
CALM AND COOPERATIVE				
NAME AND TITLE OF PERSON RECEIVING ABOVE INDIVIDUAL		SERVICE NUMBER AND SSN		GRADE
COLLINS, JAMES H.		238 70 7312		CIV
RECEIVING UNIT OR AGENCY AND STATION		SIGNATURE		
				

DD Form 629, MAR 58

S/N 0102-LF-000-6290

EDITION ON MAR 52, IS OBSOLETE

00320

053100102805
DATE 21 AUG 65

24 HOUR

VEHICLE IMPOUND SLIP
MCBCL 1630/5 (REV 7-81)

Location of Vehicle

HOLCOMB BLVD AND BREWSTER ST.

Time	0130	Base Tag No.	NWE	State	SVH 11.72/NC	Make of Vehicle	TD-70TA
Year	1999	Model	H-RUNNER	Color	SILVER	Vehicle Ident. No.	JT36N8622XB101656

Name of Owner (if known)

COLLINS, KATHRYN

Organization (if known)

N/A

You are directed to remove your vehicle from the limits of Camp Lejeune (which includes Midway Park, Tarawa Terrace, Knox Trailer Park, and Camp Geiger Prior to : 0130, 21 AUG 65

Time Date

For the following reasons:

- ☒ No Base Registration
- ☐ Blocking Traffic
- ☐ Expired Temporary Registration
- ☐ Traffic Hazard
- ☐ Remarks
- ☐ No State Registration
- ☐ Expired State Registration
- ☐ Abandoned
- ☒ Other OLD-DRAWING WHITE IMPAIRED BAC 0.24

Failure to comply as directed will result in your vehicle being towed off Base at your expense
OWNER NOTIFIED (time/date)

Signature of MP/PLT/SECTION

0130 / 21 AUG 65

 321 / 013

CCN: 753100102805

ALCOHOLIC INFLUENCE REPORT

INSTALLATION CAMP LEJEUNE, NC		VIOLATION REPORT NO. 05310012805		ACCIDENT REPORT NO. N/A	
DATE, TIME AND LOCATION OF ACCIDENT OR INCIDENT 21 AUG 05 / 0022		DATE AND TIME IN CUSTODY 0027 / 21 AUG 05		APPREHENDING OFFICER CPL CAMPBELL, D JR	
NAME OF SUBJECT COLLINS, KATHLEEN L.		GRADE/CATEGORY CIV		SSN 241 51 1370	
UNIT OF ASSIGNMENT/ADDRESS 3133 BRUNSWICK AVE. NEW BERN, NC				<input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> PEDESTRIAN	
AGE 25	SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	APPROX WEIGHT 160	OPERATOR'S LICENSE NO. 23411814		STATE NC

Check all applicable boxes describing conditions observed, i.e., more than one box may be checked to describe conditions observed.

SECTION I - OBSERVATIONS

MADE BY (Name, grade, SSN & organization) CAMPBELL, DARRELL R. CPL 558757658 PMD OPS 3RD PLATOON		WITNESSED BY (Name, grade, SSN & organization) HASSELL, JESSE J CPL 383 04 8394 PMD OPS 3RD PLATOON	
CLOTHES (Describe type & color)	HAT OR CAP NONE		
	JACKET OR COAT NONE		
	SHIRT OR DRESS BURGUNDY FLORAL PATTERN SHIRT WITH SHOULDER STRAPS		
	PANTS OR SKIRT BLUE JEANS		
	CONDITION <input type="checkbox"/> Disorderly <input type="checkbox"/> Disarranged <input type="checkbox"/> Soiled <input type="checkbox"/> Mussed <input checked="" type="checkbox"/> Orderly		
BREATH	ODOR OF ALCOHOLIC BEVERAGE <input type="checkbox"/> Strong <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Faint <input type="checkbox"/> None		
ATTITUDE	<input type="checkbox"/> Excited <input type="checkbox"/> Hilarious <input checked="" type="checkbox"/> Talkative <input checked="" type="checkbox"/> Carefree <input type="checkbox"/> Sleepy <input type="checkbox"/> Profanity <input type="checkbox"/> Combative <input type="checkbox"/> Indifferent <input type="checkbox"/> Insulting <input type="checkbox"/> Cocky <input type="checkbox"/> Cooperative <input checked="" type="checkbox"/> Polite		
UNUSUAL ACTIONS	<input type="checkbox"/> Hiccoughing <input type="checkbox"/> Belching <input type="checkbox"/> Vomiting <input type="checkbox"/> Fighting <input type="checkbox"/> Crying <input checked="" type="checkbox"/> Laughing		
SPEECH	<input type="checkbox"/> Not understandable <input type="checkbox"/> Mumbled <input type="checkbox"/> Slurred <input type="checkbox"/> Mush mouthed <input type="checkbox"/> Confused <input type="checkbox"/> Thick tongued <input type="checkbox"/> Stuttered <input type="checkbox"/> Accent <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Good		

SPONTANEOUS ACTS (Statements, walking, turning, etc)

INDICATE BRIEFLY WHAT FIRST LED YOU TO SUSPECT ALCOHOLIC INFLUENCE ODOR OF ALCOHOL DETECTED BY MAIN GATE SENTRY	SIGNS OR COMPLAINT OF ILLNESS OR INJURY NONE
--	---

SECTION II - PERFORMANCE TESTS (Warning of rights in accordance with separate departmental policy is required for military personnel)

ADMINISTERED BY (Name, grade, SSN & organization)		DATE & TIME TESTS PERFORMED	
BALANCE	<input type="checkbox"/> Falling <input type="checkbox"/> Needed support <input type="checkbox"/> Wobbling <input type="checkbox"/> Swaying <input type="checkbox"/> Unsure <input type="checkbox"/> Sure		
WALKING	<input type="checkbox"/> Falling <input type="checkbox"/> Staggering <input type="checkbox"/> Stumbling <input type="checkbox"/> Swaying <input type="checkbox"/> Unsure <input type="checkbox"/> Sure		
TURNING	<input type="checkbox"/> Falling <input type="checkbox"/> Staggering <input type="checkbox"/> Hesitant <input type="checkbox"/> Swaying <input type="checkbox"/> Unsure <input type="checkbox"/> Sure		
FINGER TO NOSE	RIGHT <input type="checkbox"/> Completely missed <input type="checkbox"/> Hesitant <input type="checkbox"/> Sure	LEFT <input type="checkbox"/> Completely missed <input type="checkbox"/> Hesitant <input type="checkbox"/> Sure	
COINS	<input type="checkbox"/> Unable <input type="checkbox"/> Fumbling <input type="checkbox"/> Slow <input type="checkbox"/> Sure <input type="checkbox"/> Other	BALANCE DURING COIN TEST	
ABILITY TO UNDERSTAND INSTRUCTIONS <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good		EFFECTS OF ALCOHOL <input type="checkbox"/> Extremes <input type="checkbox"/> Obvious <input type="checkbox"/> Slight <input type="checkbox"/> None	

REMARKS

SECTION III - INTERVIEW (Warning of rights in accordance with separate departmental policy is required for all personnel)

Were you operating a vehicle? _____ Where were you going? _____

What street or highway were you on? _____ Direction of travel? _____

Where did you start from? _____ What time did you start? _____ What time is it now? _____

What city (county) are you in now? _____ What is the date? _____ What day of the week is it? _____

INTERVIEWER TO FILL IN ACTUAL	TIME	DAY	DATE	INTERVIEWER'S NAME
-------------------------------	------	-----	------	--------------------

When did you last eat? _____ What did you eat? _____

What were you doing during the last three hours? _____

Have you been drinking? _____ What? _____ How much? _____ Where? _____

Time started? _____ Time stopped? _____ Are you under the influence of an alcoholic beverage now? _____

What is your occupation? _____ When did you last work? _____

Do you have any physical defects? _____ If so, what's wrong? _____

Do you limp? _____ Have you been injured lately? _____ If so, what's wrong? _____

Are you ill? _____ If so, what's wrong? _____

Did you get a bump on the head? _____ Were you involved in an accident today? _____ Have you had any alcoholic beverage since the accident? _____

If so, what? _____ Where? _____ How much? _____ When? _____

Have you seen a doctor or dentist lately? _____ If so, who? _____ When? _____

What for? _____ Are you taking tranquilizers, pills or medicines of any kind? _____

If so, what kind? (Get sample) _____ Last dose? _____ Do you have epilepsy? _____ Diabetes? _____

Do you take insulin? _____ If so, last dose? _____ Have you had any injections of any other drugs recently? _____

If so, what for? _____ What kind of drug? _____ Last dose? _____

When did you last sleep? _____ How much sleep did you have? _____ Are you wearing false teeth? _____ Glass eye? _____

HANDWRITING SPECIMEN (Signature and/or anything he chooses)

SECTION IV - CHEMICAL TEST DATA

TYPE OF SPECIMEN <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath <input type="checkbox"/> Saliva <input type="checkbox"/> Urine <input type="checkbox"/> Other	TIME, DATE AND LOCATION OF TEST 0113/21 AUG 85 / PMD BLDG 3
ADMINISTERED BY (Name, grade, SSN & organization) HASSELL, JESSE J / CPL 1 383 04 8394 / PMD DRS 3RD PLT	TEST RESULT 0.24 BAC
IF TEST REFUSED, OR UNABLE TO BE ADMINISTERED, STATE REASON	

SECTION V - VIDEO TAPE, MOTION PICTURE, VOICE RECORDINGS

TYPE COVERAGE <input type="checkbox"/> Video tape <input type="checkbox"/> Motion picture <input type="checkbox"/> Voice	SCOPE OF COVERAGE <input type="checkbox"/> Observation <input type="checkbox"/> Performance test <input type="checkbox"/> Interview
---	--

TAKEN BY (Name, grade, SSN & organization)

REFERENCE CODE

SECTION VI - SUPPLEMENTARY DATA

	NAME	ADDRESS	TELEPHONE NO.	CONDITION
WITNESSES				
PASSENGERS IN SUSPECT'S VEHICLE				

ARMED FORCES TRAFFIC TICKET				<input type="checkbox"/> WARNING (See Remarks below)		NAME (Last, First, Middle Initial)		
The person named below committed traffic violation set forth at the time and location, and on date shown, and was issued this traffic ticket.								
1. NAME (Last, First, Middle Initial) COLLINS, KATHLEEN L.								
2. RANK/GRADE CIV		3. DATE OF BIRTH 21 NOV 77		4. SOCIAL SECURITY NO. 241 51 13 75				
5. ORGANIZATION OR ADDRESS 3133 BRUNSWICK AVE NEW BRUNSWICK NJ								
6. DRIVER LICENSE NUMBER Z311 11 814				7. ISSUING AUTHORITY (State or Military) NJ				
8. MAKE OR TYPE OF VEHICLE FORD		9. STATE LICENSE OR REGIS NO. SVH 1672 (NO)		10. INSTL TAG NO. NBNY				
11. DATE (Day-month-year) 21 MAR 85		12. TIME 1022		13. LOCATION BRUNSWICK BLVD				
VIOLATION	14. <input checked="" type="checkbox"/> SPEED OVER LIMIT (mph in a mph zone)	<input checked="" type="checkbox"/>	5 - 10 MPH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OVER 15 MPH		
	IMPROPER LEFT TURN →		NO SIGNAL			CUT CORNER FROM WRONG LANE		
	IMPROPER RIGHT TURN →		NO SIGNAL			INTO WRONG LANE FROM WRONG LANE		
	DISOBEYED TFC SIGNAL (When light turned red) →		PAST MIDDLE INTERSECTION			MIDDLE OF INTERSECTION HAD NOT REACHED INTERSECTION		
	DISOBEYED STOP SIGN →		STOPPED WRONG PLACE			FAILED TO STOP ROLLED / SPED THROUGH		
	IMPROPER PASSING AND LANE USAGE →		AT INTERSECTION			CUT IN WRONG SIDE OF PAVEMENT		
			BETWEEN TFC			ON RIGHT ON HILL		
			LANE STRADDLING			WRONG LANE ON CURVE		
	FOL. TOO CLOSELY		OTHER VIOLATIONS (Describe)					
	FAILURE TO YIELD							
PARKING		OVERTIME		DOUBLE PARKING				
		PROHIBITED AREA		OTHER (Describe in Remarks)				
CONDITIONS THAT INCREASED SERIOUSNESS OF VIOLATION	SLIPPERY PAVEMENT	RAIN		AREA		TRAFFIC ACCIDENT		
		SNOW		BUSINESS		TYPE OF ACCIDENT:		
		ICE		INDUSTRIAL		PD PI		
	DARKNESS	NIGHT		RURAL		FATAL		
		FOG		SCHOOL		PEDESTRIAN		
		SNOW		RESIDENTIAL		VEHICLE		
	OTHER TRAFFIC PRESENT	CROSS		HIGHWAY TYPE		HIT FIXED OBJ		
		ONCOMING		2 - LANE		RIGHT ANGLE		
		PEDESTRIAN		3 - LANE		SIDESWIPE		
	CAUSED PERSON TO DODGE	PEDESTRIAN		4 - LANE		REAR END		
DRIVER		4 - LANE DIVIDED		INTERSECTION				
JUST MISSED ACOT				HEAD ON				
						RAN OFF ROAD		
15. REMARKS DID. DROVE INTO TRAILER ON BLVD. DRIVING								
16. NAME OF PERSON ISSUING TRAFFIC TICKET CAMERON DAZZOL E.								
17. ORGANIZATION AND INSTALLATION PMD / 107 / 300 PLT				18. RANK/GRADE E-1 / 10L				

TICKET NUMBER

N15593101

DD Form 1408, DEC 87

Previous edition is obsolete.

Violator

3

ARMED FORCES TRAFFIC TICKET				<input type="checkbox"/> WARNING (See Remarks below)	NAME (Last, First, Middle Initial)	
The person named below committed traffic violation set forth at the time and location, and on date shown, and was issued this traffic ticket.						
1. NAME (Last, First, Middle Initial) CAMPBELL KATHLEEN L						
2. RANK / GRADE CIV		3. DATE OF BIRTH 20/01/71		4. SOCIAL SECURITY NO. 241 51 1371		
5. ORGANIZATION OR ADDRESS 3133 BRUNSWICK AVE NEWPORT NC						
6. DRIVER LICENSE NUMBER 2311 11 2411				7. ISSUING AUTHORITY (State or Military) C		
8. MAKE OR TYPE OF VEHICLE FORD		9. STATE LICENSE OR REGIS NO. NC 1032/NC		10. INSTL TAG NO. NND		
11. DATE (Day-month-year) 20/01/85		12. TIME 0832		13. LOCATION HAWKINS BLVD		
VIOLATION	<input checked="" type="checkbox"/> SPEED OVER LIMIT (mph in a mph zone)		<input checked="" type="checkbox"/> 5 - 10 MPH		<input checked="" type="checkbox"/> 11 - 15 MPH	
	<input type="checkbox"/> IMPROPER LEFT TURN →		NO SIGNAL		CUT CORNER	
	<input type="checkbox"/> IMPROPER RIGHT TURN →		NO SIGNAL		INTO WRONG LANE	
	<input type="checkbox"/> DISOBEYED TFC SIGNAL (When light turned red) →		PAST MIDDLE INTERSECTION		MIDDLE OF INTERSECTION	
	<input type="checkbox"/> DISOBEYED STOP SIGN →		STOPPED WRONG PLACE		FAILED TO STOP	
	<input type="checkbox"/> IMPROPER PASSING AND LANE USAGE →		AT INTERSECTION		CUT IN	
			BETWEEN TFC		ON RIGHT	
			LANE STRADDLING		WRONG LANE	
	<input type="checkbox"/> FOL. TOO CLOSELY		OTHER VIOLATIONS (Describe)			
	<input type="checkbox"/> FAILURE TO YIELD					
PARKING		OVERTIME		DOUBLE PARKING		
		PROHIBITED AREA		OTHER (Describe in Remarks)		
CONDITIONS THAT INCREASED SERIOUSNESS OF VIOLATION	SLIPPERY PAVEMENT	RAIN		AREA		
		SNOW		BUSINESS		
		ICE		INDUSTRIAL		
	DARKNESS	NIGHT		RURAL		
		FOG		SCHOOL		
		SNOW		RESIDENTIAL		
	OTHER TRAFFIC PRESENT	CROSS		HIGHWAY TYPE		
		ONCOMING		2 - LANE		
		PEDESTRIAN		3 - LANE		
		SAME DIRECTION		4 - LANE		
	CAUSED PERSON TO DODGE	PEDESTRIAN		4 - LANE DIVIDED		
		DRIVER				
JUST MISSED ACCT						
TRAFFIC ACCIDENT TYPE OF ACCIDENT PD PI FATAL PEDESTRIAN VEHICLE HIT FIXED OBJ RIGHT ANGLE SIDESWIPE REAR END INTERSECTION HEAD ON RAN OFF ROAD						
15. REMARKS 012 - FILLING IN ATTEMPTING TO ELUDE MILITARY POLICE 029 - ORN ALCOHOLIC BLOOD IN VEHICLE						
16. NAME OF PERSON ISSUING TRAFFIC TICKET CAMPBELL DARELL R						
17. ORGANIZATION AND INSTALLATION PAMUNSETT 300 PLT				18. RANK / GRADE E-1/CA		

DD Form 1408, DEC 87

Previous edition is obsolete.

Violator

3

TRAFFIC COURT ACTION		TICKET NUMBER 15593101/02		COURT DATE 22 Aug 05		1 ST RESCHEDULE	2 ND RESCHEDULE
NAME Collins, Kathryn				RANK CIV	SSN 241 51 1370		PHONE
ORGANIZATION/ADDRESS 3133 Brunswick Ave New Bern NC				DRIVER LICENSE NUMBER 23411814		ISSUING STATE NC	
OFFENSE DATE 21 Aug 05	OFFENSE CODE(S) 011/029/018/014	BAC .24	CLOCKED SPEED —	SPEED ZONE —	TRAFFIC CRASH YES <input checked="" type="checkbox"/>		
REMARKS						# PREVIOUS VIOLATIONS 0	
						TOTAL POINTS TO DATE 0	
PLEA <input checked="" type="radio"/> GUILTY - 004 <input type="radio"/> GUILTY - 011 <input type="radio"/> GUILTY - 029 <input checked="" type="radio"/> NOT GUILTY - 018		FINDING <input checked="" type="radio"/> GUILTY 011 <input type="radio"/> GUILTY 029 <input type="radio"/> GUILTY 018 <input type="radio"/> NOT GUILTY 004 WARNING		ADJUDICATION POINTS <input type="checkbox"/> RDC: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		SUSPENSION DURATION 30 22 Aug 2005 BEGINNING Feb 2007 ENDING	
						REVOCATION DAYS <input checked="" type="checkbox"/> MONTHS <input checked="" type="checkbox"/> INDEFINITE	

MCBCL 5560/1 (REV. 08/04)



BASE MAGISTRATE/TRAFFIC COURT OFFICER



UNITED STATES MARINE CORPS

MARINE CORPS BASE
PSC BOX 20004
CAMP LEJEUNE, NORTH CAROLINA 28542-0004

IN REPLY REFER TO:
5560
TrfCt
22AUG05

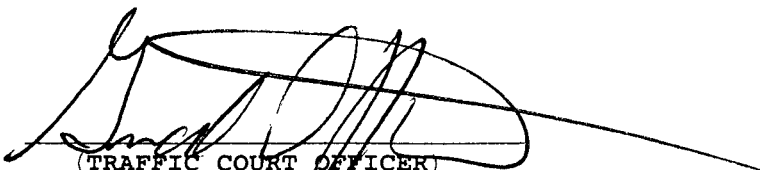
From: Base Traffic Court Officer
To: **MS. KATHRYN L. COLLINS 241 51 1370 (CIV)**

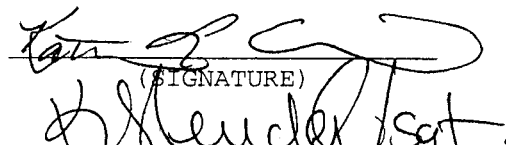
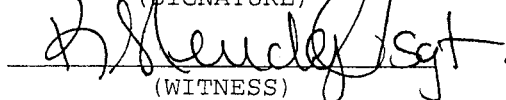
Subj: ACKNOWLEDGEMENT OF REVOCATION OF BASE DRIVING
PRIVILEGES DUE TO VIOLATIONS OF BASE TRAFFIC REGULATIONS
CODE (S) 004/011/018/029 BAC .24%

Ref: (a) MCO 5110.1C
(b) BO P5560.2L

1. Effective immediately, your driving privileges aboard all federal installations are revoked. This includes all military installations, family housing areas, approach roads to these bases or areas and all points of access.
2. You are not authorized to operate any motor vehicles, to include Government-owned vehicles, during your revocation period. Your vehicle(s) must be de-registered and removed from the installation. You are advised that only a bona fide dependent (spouse or licensed child) may register and operate your vehicle during this revocation period.
3. You are eligible to apply for reinstatement of your driving privileges after, 22 Feb 2007. You must report to Base Traffic Court to effect reinstatement of your privileges between 1300-1500.
4. You have the right to appeal your revocation within ten (10) days of the date of this letter. An administrative action (AA) form is to be utilized by military personnel. Civilian personnel may appeal by letter. All appeals must be addressed to the Command Inspector, Marine Corps Base, Camp Lejeune, NC 28542.
5. Failure to comply with the provisions of your revocation constitutes a violation of Article 92, Uniform Code of Military Justice and will result in the referral of charges to your Commanding Officer and an additional two (2) year revocation of your driving privileges. Civilian personnel who violate this order will be referred to the U. S. Attorney for prosecution.
6. You are advised that all Driving While Impaired (DWI) convictions are reported to the North Carolina Department of Motor Vehicles who will in turn notify other state license authorities.

I acknowledge the revocation of my base driving privileges and understand the provisions listed above. I further acknowledge my right to appeal this action.


(TRAFFIC COURT OFFICER)
(MGYSGT)


(SIGNATURE)

(WITNESS)

Loc. Code

United States District Court Violation Notice

Violation No.

N 219578

Print Officer Name

Officer No.

YOU ARE CHARGED WITH THE FOLLOWING VIOLATION

Date and Time of Offense

Offense Charged

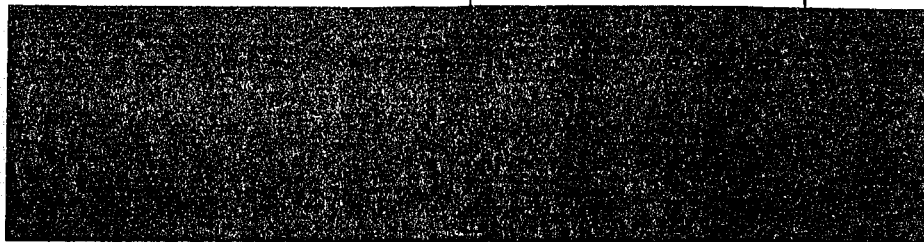
Place of Offense

Offense Description

Defendant's Last Name

First Name

M.I.



VEHICLE DESCRIPTION

Vehicle Tag No.	Vehicle Tag State	Year	Vehicle Make	Vehicle Color

- A ☒ YOU MUST APPEAR IN COURT. SEE INSTRUCTIONS.
- B ☐ YOU MUST MARK ONE OF THE TWO CHOICES BELOW AND MAIL THIS FORM WITHIN 21 DAYS. SEE INSTRUCTIONS.

I wish to terminate this matter by paying the collateral shown below, enclosed.

I plead not guilty and promise to appear as required.

YOUR COURT DATE

Court Address	Date
ADDY STREET 2100000000000000 WILMINGTON, DE	
	Time

Collateral (fine)

For payment by credit card, SEE INSTRUCTIONS.

DD FORM 1805, SEP 1998

(Accountable upon issuance to the offender and until passed to the Appropriate Central Violations Bureau (Magistrate Court).)

Defendant Copy

Previous edition is obsolete.

Loc. Code

United States District Court Violation Notice

Violation No.

N 213579

Print Officer Name

Officer No.

YOU ARE CHARGED WITH THE FOLLOWING VIOLATION

Date and Time of Offense

Offense Charged

Place of Offense

Offense Description

Defendant's Last Name

First Name

M.I.



VEHICLE DESCRIPTION

Vehicle Tag No.	Vehicle Tag State	Year	Vehicle Make	Vehicle Color
WY 112	WY	1993	TRUCK	WHITE

- A ☒ YOU MUST APPEAR IN COURT. SEE INSTRUCTIONS.
B ☐ YOU MUST MARK ONE OF THE TWO CHOICES BELOW
AND MAIL THIS FORM WITHIN 21 DAYS. SEE INSTRUCTIONS.

_____ I wish to terminate this matter by paying the collateral shown
below, enclosed.

_____ I plead not guilty and promise to appear as required.

YOUR COURT DATE

Court Address	Date
ALTON 2. L. J. ... 7. ... WALTON ...	
	Time

Collateral (fine)

For payment by credit card, SEE INSTRUCTIONS.

DD FORM 1805, SEP 1998

(Accountable upon issuance to the offender
and until passed to the Appropriate Central
Violations Bureau (Magistrate Court).)

Defendant Copy

Previous edition is obsolete.

Loc. Code

United States District Court
Violation Notice

Violation No.

N 219588

Print Officer Name

Officer No.

YOU ARE CHARGED WITH THE FOLLOWING VIOLATION

Date and Time of Offense

2/14/05

Offense Charged

N.C. 2A-172.1

Place of Offense

Offense Description

Defendant's Last Name

CYPRIAN

First Name

KARL GUY

M.I.

L

VEHICLE DESCRIPTION

Vehicle Tag No.

7V-1172

Vehicle Tag State

N.C.

Year

1997

Vehicle Make

THUNDER

Vehicle Color

BLACK

A ☒ YOU MUST APPEAR IN COURT. SEE INSTRUCTIONS.B ☐ YOU MUST MARK ONE OF THE TWO CHOICES BELOW
AND MAIL THIS FORM WITHIN 21 DAYS. SEE INSTRUCTIONS.I wish to terminate this matter by paying the collateral shown
below, enclosed.

I plead not guilty and promise to appear as required.

YOUR COURT DATE

Court Address

ALTON H. LUMPKIN FEDERAL BLDG
200 E. 10TH ST
WILMINGTON, DE 19801

Date

Time

Collateral (fine)

For payment by credit card, SEE INSTRUCTIONS.

DD FORM 1805, SEP 1998

(Accountable upon issuance to the offender
and until passed to the Appropriate Central
Violations Bureau (Magistrate Court).)

Defendant Copy

Previous edition is obsolete.

Loc. Code
219581

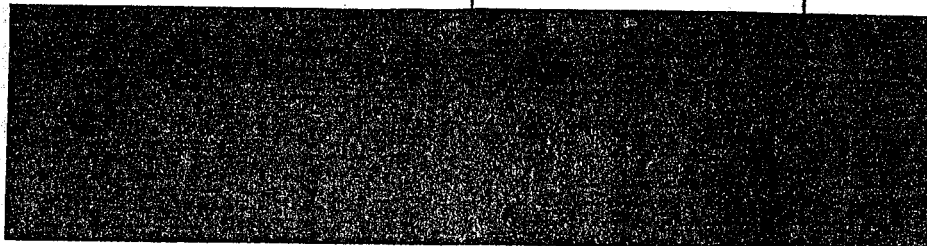
United States District Court Violation Notice

Violation No. N 219581	Print Officer Name W
	Officer No. 219581

YOU ARE CHARGED WITH THE FOLLOWING VIOLATION

Date and Time of Offense 21 APR 2 1998	Offense Charged N 219581
Place of Offense WILMINGTON, DE	
Offense Description VIOLATION OF COURT ORDER	

Defendant's Last Name SMITH	First Name DAVID	M.I. L
---------------------------------------	----------------------------	------------------



VEHICLE DESCRIPTION

Vehicle Tag No. SVH 1112	Vehicle Tag State NC	Year 1997	Vehicle Make FORD	Vehicle Color SILVER
------------------------------------	--------------------------------	---------------------	-----------------------------	--------------------------------

- A ☒ YOU MUST APPEAR IN COURT. SEE INSTRUCTIONS.
- B ☐ YOU MUST MARK ONE OF THE TWO CHOICES BELOW AND MAIL THIS FORM WITHIN 21 DAYS. SEE INSTRUCTIONS.
- _____ I wish to terminate this matter by paying the collateral shown below, enclosed.
- _____ I plead not guilty and promise to appear as required.

YOUR COURT DATE

Court Address ALTON H. LINDEN P.D. - 44 ELO 2 POND CT WILMINGTON, NC	Date
	Time

Collateral (fine)	For payment by credit card, SEE INSTRUCTIONS.
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DD FORM 1805, SEP 1998

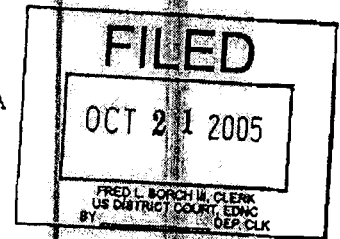
(Accountable upon issuance to the offender and until passed to the Appropriate Central Violations Bureau (Magistrate Court).)

Defendant Copy

Previous edition is obsolete.

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NORTH CAROLINA
SOUTHERN DIVISION

No. 7:05-m-203



UNITED STATES OF AMERICA)

v.)

KATHRYN L. COLLINS)

) CRIMINAL INFORMATION

The United States Attorney charges that:

Count One

On or about August 21, 2005, in the Eastern District of North Carolina, at Marine Corps Base, Camp Lejeune, a place within the special maritime and territorial jurisdiction of the United States, the Defendant, KATHRYN L. COLLINS, did operate a motor vehicle upon a street, highway, or public vehicular area while under the influence of an impairing substance, and with an alcohol concentration level of .08 or greater at a relevant time after driving, to wit: .24 alcohol concentration level, all in violation of North Carolina General Statute, Section 20-138.1, as assimilated by the provisions of Title 18, United States Code, Section 13.

Count Two

On or about August 21, 2005, in the Eastern District of North Carolina, at Marine Corps Base, Camp Lejeune, a place within the special maritime and territorial jurisdiction of the United States, the Defendant, KATHRYN L. COLLINS, did knowingly and unlawfully drive a motor vehicle on a street, highway, or public vehicular area without due caution and circumspection in a manner and at a

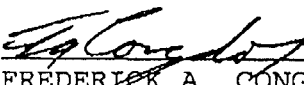
EXHIBIT 6

speed that did or could endanger other persons and property, to wit: by traveling south on Holcomb Boulevard, without any driving lights, during nighttime, at a high rate of speed, executing a u-turn and traveling north on Holcomb Boulevard, then exiting the roadway and driving into the center grass median on Holcomb Boulevard, traveling north in the grass median at approximately 50 MPH for approximately ¼ mile, in violation of North Carolina General Statute, Section 20-140(b), as assimilated by the provisions of Title 18, United States Code, Section 13.

Count Three

On or about August 21, 2005, in the Eastern District of North Carolina, at Marine Corps Base, Camp Lejeune, a place within the special maritime and territorial jurisdiction of the United States, the Defendant, KATHRYN L. COLLILNS, did, while alcohol remained in her body, drive a motor vehicle upon a highway with an open container of alcoholic beverage in the passenger area of the motor vehicle, in violation of North Carolina General Statute, Section 20-138.7, as assimilated by the provisions of Title 18, United States Code, Section 13.

FRANK D. WHITNEY
United States Attorney

By: 
FREDERICK A. CONGDON
Special Assistant U.S. Attorney
Criminal Division

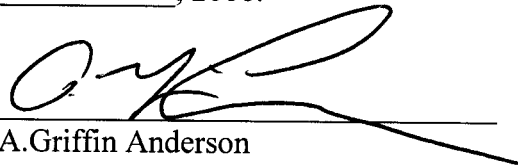
CERTIFICATE OF SERVICE

I, A. Griffin Anderson , hereby certify that a copy of the foregoing was served upon:

Captain Rick Congdon
Special Assistant United States Attorney
Criminal Division

By electronically filing the foregoing with the Clerk of Court on the 10th day of November, 2006 using the CM/ECF System which will send notification of such filing to the above.

This the 10th day of November, 2006.



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